STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004428	A. BUILDING: _____ B. WING _____	R-C 07/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYND PLACE	2410 E MCGALLIARD RD MUNCIE, IN 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00202282 completed on June 15, 2016. This visit was in conjunction with the investigation of complaint IN00204944. Complaint IN00202282 - Corrected Survey Dates: July 26, 2016 Facility Number: 004428 Provider Number: 004428 AIM number: N/A Census Bed Type: Residential: 49 Total: 49 Census Payor Type: Other: 49 Total: 49 Sample: 7 Lynd Place was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00202282. QR completed on July 28, 2016 by 17934.	{R 000}		